

Men and Books

MISS WEBSTER OF THE MONTREAL GENERAL HOSPITAL

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In the year 1822 Thomas Webster with his wife, Barbara Helm, and two children, set out from Cold Kirby, Yorkshire, England, to make their home in Canada. Our knowledge of the subsequent events in the lives of these pioneers is limited to the scant record of their choice of Cobourg, on the shores of Lake Ontario, as a place of settlement, that they were blessed with eight children, and that Thomas Webster died at Grafton, not far distant from the town of Cobourg, in 1879, his wife having predeceased him in 1873. John Thomas Webster, the youngest of this brood, became a merchant in the village of Grafton, where he met Electa Smith, whose spirit of adventure had prompted her to forsake a life of comparative luxury in New York State for the teaching of school children in what was then the Canadian backwoods. They were married on February 3, 1863, and on December 10th of the same year a daughter was born to them. She was christened Jennie. Her perfect attendance at the village school was a result of her parents' persistence, rather than any pleasure that she herself derived from it, for she was not a natural student, and found "book learning" difficult. She preferred the rôle of first-assistant to her mother; and when there was illness in the family she invariably took complete charge of the nursing duties, a function which she performed naturally, rather than through any feeling of heroine-worship for Miss Nightingale or her pupils, who at this time were attracting world-wide attention. Possessed of capable hands, strong wrists, and an almost inexhaustible supply of energy, the seed that in due course was to blossom into a great nurse found rich soil for its nourishment in the family life of a small Ontario settlement of the early '70's.

When Jennie was twelve years of age the Websters migrated to the town of Cobourg, where she continued to attend the public schools, and, at the age of fourteen, passed her entrance examination to the Model School. The principal, Dr. Sprague, marked Jennie as a promising disciple, but even at this immature age she had formed very definite ideas in regard to a career, nor were the embers of this ambition dampened by the return to Cobourg at about this time of a graduate of the Training School for Nurses of the Toronto General Hospital, who chanced to be an intimate friend of the Webster family.

There was, however, one obstacle to cross before Jennie's dream of becoming a graduate nurse could be realized, and that was the very firm and unrelenting opposition of her father. He was not averse to her becoming engaged in a gainful occupation, but he could not be reconciled to the prospect of her departure from home.

It would almost have appeared that Providence was to deprive her of her great wish, when, in her seventeenth year she was stricken with that dread disease which "cripples the arm of the workman at his bench and makes a perpetual invalid of the child at play"—rheumatic fever; but she was attended in her illness by a practitioner of medicine who insisted on a prolonged rest in bed, and so through the combination of good medical treatment and a resistant cardiovascular apparatus none of the dreaded sequelæ of this disease made themselves apparent, and before very long she was "as good as new."

In the autumn of 1892 the long-awaited opportunity presented itself. It was arranged that she should pay a visit to her married sister, Mrs. Tucker, who was then living in Montreal. Although at this time the Training School for Nurses conducted by Miss Norah Livingston in the Montreal General Hospital had been in existence for but two years, its fame had spread abroad, and on her arrival in Montreal Jennie lost no time in seeking an interview with this remarkable woman. Of Miss Livingston it has been written—"She was a woman of infinite tact, had a strong sense of humour, was a good judge of character, and a strict disciplinarian. Although she was feared by her nurses, she was also respected and loved by many, for she was a just woman. She could not put up with any gross breach of discipline and 'did not suffer fools gladly'." Those who knew Miss Livingston can imagine the apprehension with which the young applicant from Cobourg approached this austere personage, whose stern countenance and manner of speech, combined with short stature and a head of snow white hair, made those who came into her presence feel that the counterpart of Victoria ruled with a rod of iron in the Montreal General. But the interview was successful; Jennie was accepted at once, and on December 1, 1892, she entered the hospital as a probationer.

At this time the institution had been in existence for seventy-five years. Born of the little House of Recovery, founded by the Female Benevolent Society in 1818, it occupied its present site on Dorchester Street East, and consisted of the original building with the addition of

what are now known as the surgical wings. That part which was erected in 1822 and which forms the entrance to the administrative portion of the present hospital, is what was referred to by Sir William Osler in a reminiscent vein as "an old coccus-and-rat-ridden building,"² but at the time when Miss Webster entered the Training School, Miss Livingston had, among other things, succeeded in ridding the hospital of the coccus and all its fellow-countrymen, so that there existed clean wards and what, for those days, was a good nursing technique. To maintain this in the absence of modern plumbing and sterilizing equipment meant an almost incredible amount of work on the part of the nursing staff, and when one surveys the photographs of the nursing classes of those days, consisting of ten or twelve immaculate and tightly bodiced ladies, the marvel is that they were able to accomplish what they did. It is not surprising that their daily routine was punctuated by but short visits to the dining-room and that, when night came, sleep was the most welcome recreation. In this stern workshop, conducted with all the discipline of an armed camp, Miss Webster took up her apprenticeship in the art of nursing. She not only took it up but she seized upon it. Heavy loads to be carried up long flights of stairs, large blocks of ice to be hewn asunder, and the never-ending scrubbing, polishing, and cooking, not to mention the nursing care of the patients, were but child's play to her. To this arduous routine, however, she succumbed after but three months' trial. It was rheumatic fever again; fortunately a mild attack, but severe enough to warrant a five weeks' furlough. On April 4, 1893, she returned to her duties.

At this time the nurses were housed on the top floor of the central building. These emergency quarters had been provided, at Miss Livingston's demand, by the removal of the old cupola, and its replacement by a mansard roof. Still more elaborate plans were under way for the accommodation of the Training School, and six years later the corner stone of the Jubilee Nurses' Home was laid by the late Lord Lister. "It was a great boon to the Nursing School and allowed the nurses to get away from their work—and had reception and sitting rooms and bath rooms," wrote Dr. Shepherd.¹

From the date of her second rheumatic attack Miss Webster lost no further time from work during her undergraduate course. She had gained the reputation of being fearless, resourceful, and dependable, so that upon her graduation in March, 1895, Miss Livingston sent for her and asked her to take the position of Lady Superintendent of the Civic Hospital for infectious diseases, for which post she had the privilege of making a nomination. No sooner had she agreed to accept it than Miss Livingston, with customary abruptness, presented her with

one dozen hand towels,—scenting perhaps the advent of the pernicious paper towel which has since become the particular delight of the hospital administrator and the abomination of the medical profession—summoned a cab, and wished her success in her new surroundings.

The Civic Hospital was situated on Moreau Street and its maintenance was provided for by the city of Montreal. It was divided into two separate and complete establishments; one for French-speaking patients under the care of a Catholic sisterhood, the other for the English-speaking, with Dr. A. T. Bazin as Medical Superintendent, Miss Webster as Lady Superintendent, Miss Lynch (of Victorian Order fame) and Miss De Kalb, who later became the wife of Dr. David Patrick, as assistant nurses. The two years spent in this hospital were tolerably happy ones for Miss Webster. Youthful patients, the perils of cross-infection, and the miraculous results obtained in the first controlled series of antitoxin-treated cases of diphtheria in the city of Montreal, combined to thwart any attack of homesickness for the old "General." Then came the smallpox epidemic of 1897, and the city, hard-pressed for hospital accommodation, converted the Civic into an emergency quarantine station. An entirely new staff suddenly assumed command, and before Miss Webster could assemble her personal belongings the ground adjacent to the hospital was littered with patients waiting for admission. The natural sequence of this development was that she should take up private nursing duty, and since she was already well and favourably known among the English-speaking doctors of the city she found ready and constant employment.

She had just completed two years of active service as a "special" when there came a call that was to prove the beginning of a career that is probably unique, so far as Canadian nursing is concerned. Miss Baikie, who for twelve years had acted as Night Superintendent in the Montreal General, had resigned, and Miss Livingston without hesitation sent for "Webster." The interview was as brief and satisfactory as had been the previous ones between these two women, and on May 14, 1900, Miss Webster succeeded to the post which she was to occupy for thirty-two years of unbroken and devoted service.

The duties of Night Superintendent of the Montreal General have never been clearly defined, the reason being that their multiplicity would make enumeration difficult, if not impossible. As the title implies, she supervises the treatment of all patients in the hospital from the hour of seven o'clock in the evening until seven in the morning, and it is expected of her that she shall be able to cope with any situation that may arise during these hours. It is obvious that in order to perform these duties

in a capable manner she must possess infinite tact, a complete knowledge of the fundamentals of nursing, and great physical strength. With all these Miss Webster was well equipped, and in addition she had other highly developed qualities that were almost equally valuable to her in her work,—great kindness of heart, a keen sense of humour, and an amazing capacity for dealing with unruly patients. It is worth noting that she has always shown a marked predilection for the male of the species, almost to the point of being a woman-hater. Although not unfair in her treatment of nurses under her jurisdiction, it is a well known fact that she was always free with her criticism of them and sparing in her sympathy. On the other hand, she was the self-appointed "mother" of the resident medical staff, on whom she showered her affection, her kindly and valuable advice, and her unceasing attendance upon them in sickness. Her ready wit and her great example of service will never be forgotten by those who have had the privilege of being one of "her boys", as she called them. The high pinnacle upon which she placed man showed itself in all her work. She referred constantly to "my doctors", and it is well known that when a group of injured firemen were admitted to the wards, as was frequently the case, her attendance on all other matters was of secondary consideration. She knew a great many of the city police by name, and was on particularly intimate terms with the members of the detective force, to whom her knowledge was at times extremely valuable. Although not outwardly a pious woman, she was at heart deeply religious, and seldom missed evening service at the Emmanuel Congregational Church. She was not a reader, and thus, with virtually this one form of recreation, she turned night into day for a period of thirty-two years, during which time she lived and laboured within the same four walls. All this suggests an extremely dull and monotonous existence, and so it might have been, had she not loved her work,—not the academic or theoretical side of it, which she was inclined to belittle, but the practical nursing of the sick-room wherein she found outlet for an overwhelming mother-instinct. Wedded as she was to "The General", her life was one of extreme happiness, for in addition to the variety and adventure that this union brought to her there was a multitude of children in constant need of her care.

There is unfortunately insufficient space here for the many anecdotes that so aptly portray her character, but any biographical sketch which fails to include even a brief allusion to the nature of her work would not be a true picture of the woman. In order to get a proper appreciation of this, it must be recalled that the Montreal General Hospital, by reason of its geographical location and reputation of devotion to the sick poor, acquired through over a

century of service, shelters or treats an average of about one thousand patients during each twenty-four hour period. When the walking sick that crowd the out-patient clinics during the hours of daylight have departed, and only a dim light burns here and there throughout the wards, it might appear to the casual observer that the hospital has gone to sleep, but this impression is soon dispelled if a visit is paid to that region where Miss Webster has commenced to receive her blood-soaked and belligerent guests; for at this hour the brothels and dark streets of an unsavory neighbourhood have begun to cast up their wreckage. The arrival at the hospital of this type of patient is invariably attended by a morbidly inquisitive mob and a great deal of shouting on the part of the injured warriors and their seconds. Efforts on the part of a group of hospital orderlies to quell the riot are unsuccessful and only on the appearance of a very efficient-looking woman does order reign. The crowd disappears as if by magic and the patient becomes at once docile and even amicable. A description which may quite accurately be applied to her under these conditions is found in Treves' "The Old Receiving Room."³ In speaking of the nurse in charge, he writes, "She was possessed of much humour—abrupt yet not unkindly in her manner, very indulgent towards the drunkard and very skilled in handling him. She was apt to boast that there was no man living she would not stand up to. In the personnel of the hospital staff of half a century ago she was an outstanding figure, yet now she is as extinct as the dodo."

There were those who came to call upon her under pretext of some physical infirmity and with a faint hope in their hearts that she might be persuaded to offer them a comfortable bed for the night, but her diagnosis of the true condition was seldom wrong. Conspicuous among this type of visitor was a gentleman by the name of Jimmie Cochrane, who at regular intervals made his presence known by throwing his cap upon the floor and proceeding to utter a series of shrill cries until Miss Webster arrived and solemnly inspected an imaginary disease of the foot, feeling perhaps that she could never compensate him for the loss of an artificial eye which she destroyed while attending once to his needs in the "Outdoor". Or perhaps "Jumping Charlie," who welcomes the scientific curiosity evinced in his hyper-responsive state because it means to him free board and lodging, would ask to see her in order to return some valuable piece of scientific apparatus that he had pilfered from the hospital and had been unable to convert into cash. He expected her admonishment, but he knew that she would not turn him over to the police. If on any particular night she may have had more than the ordinary number of cases of this type to deal

with she would only appear a little more brusque of manner, or perhaps remark to a passing interne "Doctor, Cadieux Street's awful to-night." And on nights when Cadieux Street, which forms the eastern boundary to the hospital, had been exceptionally "awful", she has been known to leave the hospital unescorted and to deliver a lecture to the offenders on the sinfulness of disturbing sick patients. In spite of these diversions she was aware of the condition of each inmate and attended personally to the special nursing care of many. Her nightly visit was eagerly awaited by every patient, from the child who asks "When is Mrs. Webster coming around?" to the senile derelict who looks forward to the words of encouragement which have given to so many sufferers the will to recover. The following typical episode which takes place in one of the surgical wards is an example of the confidence her presence inspired. She had been called by the undergraduate nurse in charge to see a patient who had been shot through the lung and who was demanding a sedative; she had reached the bedside and had shone her flashlight upon the bandit's victim, whereupon the following dialogue ensued: "What's the trouble?" she asked. "I am so nervous," answered the recipient of the bullet. "What are you nervous about? Aren't you as safe as you can be in this hospital and aren't you warm and comfortable in that nice clean bed?" "Are you going to be here all night?" he asks. "Of course I am going to be here. Where did you think I was going to be,—in New York?" On this assurance the patient soon fell into a restful sleep, while her uncanny clinical sense saved her a long walk to the internes' quarters to rouse some houseman from his well-earned rest.

Crossing the threshold of the sleeping interne, however, is a prerogative which she exercised without mercy, for so true was she to the ethics of her cult that she would not administer the most harmless drug without a doctor's order; and if she should decide to summon aid there was usually good reason for it, for many years of close contact with a variety of sick patients imparted powers of diagnosis and prognosis that rarely failed, though she might employ clinical methods which are not described in the standard works of reference. Then there were typhoid baths to be given,—she has administered as many as thirty-two in one night—for which her only reward for so laborious a procedure was to see a fall in temperature, and muddy-coloured flesh become pink. And so on throughout the night, at the end of which she would scrupulously compose her night report, including everything from the threatened self-destruction of an irrational patient to the description of a cheap ring removed for safekeeping from the finger of a dead sailor. It is not to be wondered

at that an anonymous patient was inspired to write these lines:

You passed this morning, it befell,
And paused to say "You rested well".
You were as brisk as morning air,
Crisp uniform, smooth silver hair:
This to my wonder and surprise,
For you had never closed your eyes.

It's more than twenty years, they say,
That you've been turning night to day.
The novice at the telephone,
Takes heart from your undaunted tone:
"I'm coming, nurse". With potent charms
You've quelled how many night alarms!

When soft winds in the corridors
Sweep warmed and fresh along the floors,
When shaded lights are burning low,
Upon your silent rounds you go.
You watch upon us all, it seems,
Like angels of our childish dreams.
When I was sleeping quietly,
Perhaps you stood and looked at me.

On the few occasions when she indulged in the dissipation of going out during the day she was greeted on all sides by past patients of the hospital, many of whom, as was to be expected, she could not recall by name. She was very tactful under these conditions, however, with the exception of the occasion when a gentleman in a street-car appeared to be so extremely disappointed at her failure to recognize him that she endeavoured to placate him with the remark, "I didn't know you with your clothes on"; which caused such great mirth among the occupants of the street-car and so much embarrassment to Miss Webster that she was forced to descend at the next stop.

On May 14, 1925, Miss Webster celebrated her twenty-fifth anniversary as Night Superintendent to the General Hospital. The occasion was commemorated by a reception given by the Alumnae Association and she was presented with a purse of gold as a token of the appreciation of the governors and attending staff. On that day she received letters of congratulations from all parts of the Dominion, one of which, in almost illegible hand-writing (it was the last that a certain little grey lady ever penned), read as follows:

My Dear Miss Webster:

Many happy returns of the day. It seems but yesterday that we made the final arrangements for your entering on your duties as Night Superintendent—a trust which you have never betrayed. What a record!

Good-bye. God bless you.

G. E. N. LIVINGSTON.

Shortly after this she began to suffer from an inflammatory condition of the joints of the feet, which at times became so painful as to prohibit her unceasing patrol of the wards and necessitate short periods of rest during the night. On these occasions she would state,

rather reluctantly, that her days of usefulness were over and that it would soon be necessary for her to resign her position. But these threats were never taken seriously, for she had become so much a part and parcel of the institution that no one could conceive of it functioning without her. In the early part of January, 1933, however, she shocked everyone with the announcement that she was resigning her position forthwith, in order to take charge of her two nephews, suddenly bereft of parents. There were lamentations from all sides, for it was felt that her loss would be an irreplaceable one and that the Montreal General Hospital, in losing her, would not be the same place as it had been heretofore; but the first feelings of grief at her departure were tempered by reflection on the fact that she was leaving the hospital with her colours flying, and that the call to another field of action was one which her sense of duty and kind heart could not refuse. She was asked by the attending medical staff to sit for a portrait by the celebrated artist, Alphonse Jongers, which, on its completion, will be hung in the Nurses' Home. But perhaps the greatest tribute to the high esteem in which she was held was a reception given by the members of the training school, and which throngs of citizens in all

walks of life attended, even to a representation from the Montreal police force.

Now she has left to continue her vocation in but a more restricted field, the leisure of which will permit of activities that for many years have been precluded, and which will in a measure compensate for the yearning for her old hospital, which she will be certain to experience at times. And when the inevitable day shall arrive, there will be no more appropriate valedictory than the words of a great physician who was also a product of the hospital to which she gave the better part of her life:—

"You have been much by the dark river—so near to us all—and have seen so many embark that the dread of the old boatman has almost disappeared, and

When the Angel of the darker Drink

At last shall find you by the river brink,

And offering his cup, invite your soul

Forth to your lips to quaff—you shall not shrink: your passport shall be the blessing of Him in whose footsteps you have trodden, unto whose sick you have ministered, and for whose children you have cared."

REFERENCES

1. SHEPHERD, Origin and History of the Montreal General Hospital, Gazette Printing Co., Montreal, 1925, p. 23.
2. OSLER, The Medical Clinic, *Brit. M. J.*, 1914, 1: 10.
3. TREVE, The Elephant Man and Other Reminiscences, Cassell, London, pocket ed., 1928, p. 66.
4. OSLER, *Æquanimitas* with other Addresses, Blakiston, Phila., 2nd ed., p. 20.

DIGITALIS IN HEART DISEASE.—H. A. Christian states that digitalis enters the cells or fibres of the myocardium during its passage along the coronary capillaries and through the cardiac cavities; in a few seconds it is firmly bound to the heart muscle. A latent period follows, after which the digitalis is split into two components, an aglycone or genin which exerts the digitalis action, and a sugar which is inert. This splitting is a gradual process, and doses repeated at too short intervals may result in a cumulative toxic effect. The fixation of digitalis is directly proportionate to its concentration and time of flow. Skeletal muscle, the liver, and kidneys also fix digitalis, but the lungs do not. When digitalis is given intravenously the heart receives the full dose, and fixes an amount proportionate to its concentration in the brief time that it circulates through the heart muscle. The portion which escapes into the general circulation is absorbed by the liver, kidney, and skeletal muscle. If digitalis is given by the mouth it passes into the portal circulation, where the liver fixes about as much as the heart. But absorption through the gastro-intestinal mucosa is so prolonged that digitalis remains in the circulation for a much longer time. The dosage and therapeutic effect are, therefore, much the same whether it is given intravenously or by the mouth. During cardiac decompensation, where the coronary as well as the peripheral circulation is slowed, the contact between digitalis in the circulation and the myocardium is prolonged, and more digitalis is fixed just when the heart needs it most. A hypertrophied heart fixes more digitalis than one of normal weight. Cloetta has suggested that digitalis retards cardiac hypertrophy and retards detrimental effects on cardiac function. The present author believes

that cardiac hypertrophy is an undesirable process, and advocates "tonic doses" of 0.1 to 0.15 gm. of powdered digitalis leaves daily to patients with enlarging hearts, even before there is evidence of decreasing function. Digitalis is more effective in older than in younger patients. When there is slight breathlessness on exertion, particularly in the older ranges of life, or when once decompensation has developed, digitalis must be given day in and day out for the rest of the patient's life. The author has found pills of the powdered leaves a very satisfactory preparation of the drug.—*New Eng. J. Med.*, January 12, 1933, p. 66.

CORONARY OCCLUSION AND FATAL ANGINA PECTORIS: STUDY OF THE IMMEDIATE CAUSES AND THEIR PREVENTION.—Fitzhugh and Hamilton selected, from their private consulting practice, a group of patients within a whole series classifiable under coronary disease associated with angina pectoris; namely, patients otherwise without disability who have angina pectoris on exertion or excitement but are able to carry on without angina while adhering to a reasonable regimen. They found that such patients, when they die, usually die in angina or following a coronary occlusion. More often than not, such fatal anginas or coronary occlusions were immediately preceded by unusual departure from ordinary habits of living, and these departures were usually preventable. The authors analyze the events that constituted departures from ordinary habits of living and that preceded coronary occlusion or fatal angina in their series of 100 selected cases. This analysis furnishes material for improved regimens which should be useful in avoiding or postponing coronary occlusion and fatal angina.—*J. Am. M. Ass.*, 1933, 100: 475.